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13. FATHER'S NAME CONRAD HEINER. 13. FATHER'S NAME CONRAD HEINER. 13. MOTHER'S MAIDEN NAME CONRAD HEINER. 13. MOTHER'S MAIDEN NAME CONRAD HEINER. KATHERINE HENRY 14. NAME OF MUSAND OR WIFE LIS. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NONE ON A PART HENRY 17. INFORMANT'S SIGNATURE OR NAME APPRESS NONE ON A PART HENRY INFORMANT'S SIGNATURE OR NAME APPRESS NONE ON A PART HENRY INTERVALE BETWEEN MORE OF OPERAL 10. OTHER SIGNIFICANT CONDITIONS COMMITTING compiled and will be death but not reason which constributing to the death but not reason, intervaled to the disease or condition constributing to the death but not reason, intervaled to the disease or condition contributing to the death but not reason, intervaled to the disease or condition contributing to the death but not reason, intervaled to the disease or condition contributing to the death but not reason which considered to the disease or condition contributing to the death but not reason which considered to the disease or condition contributing to the death but not reason which considered to the disease or condition contributing to the death but not reason which considered to the disease or condition contributing to the death but not reason which considered to the disease or condition contributing to the death but not which considered to the disease or condition contributing to the death of the constitution o	5. SEX / 6.	W.	WIDOWED, DIVORCED (Specify)		_ lest blothdes) Months Days Hours Min.
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18. CAUSE OF DEATH 18. DISEASE OR CONDITION 19. DISEASE OR C	Y		13b. MOTHER'S MAIDEN			i i
(Yea, No. or unknown) (If yea, sire war or dates of service) NO. NO. ARTHUR STAHL ARNOLD MO. 18. CAUSE OF DEATH Enter only one-cause part of the control of				E ! KLEINER .	HENRY ST	rahl.
NO NONE NONE NONE NONE NONE NONE NONE N			DRCES? 16. SOCIAL SECURITY	17. INFORMANT		
Enter only omenius per line for (a), (b), and (c) "This does not mean the the mode of dying, such as heart felture, eathering, etc. It means the discourse death. ANTECEDENT CAUSES Advible conditions, if any, gising DUE TO (b) rise to the above cause (e) stating the underlying cause last. DUE TO (c) DUE TO (d) 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21b. PLACE OF INJURY (a.g., has about Suicibe Homicide to like disease or conditions couring depth of the death but not related to like disease or conditions couring depth of the death but not related to like disease or condition couring depth of the death but not related to like disease or condition couring depth of the death but not related to like disease or condition couring depth of the death but not related to like disease or condition couring depth of the death but not related to like disease or condition couring depth of the death of the disease or condition couring depth of the death o			NONFO	HRTHUR	STAHL. M.	
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22. I hereby certify that I attended the deceased from 1949 18 to 9-6, 1852, that I last saw the deceased alive on 1000 2, and that death occurred at 2000, from the causes and on the date stated above. 23a. SIGNATURE 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 24c. LOCATION (Otty, town, or county) (State) 1000, REMOVAL CREMATORY SEPT 9-52 ST. JOHN'S CEMETERY BECK MO DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 38-1 TO FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEILIGTAG FUNERAL HOME IMPERIAL MO	21d. TIME (Month)	(Duy) (Test) (E	WHILEAT NOT WHILE	21f. HOW DID INJURY	OCCUR!	
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24a. BURIAL, GREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Olty, town, or county) 24d. BURIAL (Speeds) 24d. DATE 25d. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Olty, town, or county) 25d. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Olty, town, or county) 25d. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Olty, town, or county) 25d. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (Olty, town, or county) 26d. LOCATION (Olty, town, or county) 25d. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (Olty, town, or county) 25d. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (Olty, town, or county) 26d. LOCATI		2 1 1 1 1			e causes and on the	, , , , , , , , , , , , , , , , , , ,
TION, REMOVAL COUNTY SEPT 9-52 ST. JOHN'S CEMETERY BECK MO DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JSB- J 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 9-14-5-12 Ruth Jits 38- Heiligtag Funeral Home IMPERIAL Mo		Heir	ons o	Jane	erial !	100 19/1/52
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS HEILIGTAG FUNERAL HOME IMPERIAL MO	ZAL BURIAL, CREMA- TION, REMOVAL (BANK)	246. DATE SEPT 9-		_ (/)		13.6
						ADDRESS
	9-14-5-REG	Ruth	Jirsa	HEILIGTAG /	FUNERAL HOME	- IMPERIAL Mo

JATE AEGEN COUNTY HEALTH LIEPT.

STATEMENT BY LICENSED EMBALMER

working under my personal supervision,

Student Embalmer

Licensed Embalmer, No. 3872

P. O. Address in the property of the property

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWAITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.